

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission										3. Service										4. Employing Office Location										5. Duty Station										1. Agency Position No.																													
<input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other																																								6. OPM Certification No.																													
Explanation (Show any positions replaced)										7. Fair Labor Standards Act										8. Financial Statements Required										9. Subject to IA Action																																							
Standard MWR NAF PD										<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt										<input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
										10. Position Status										11. Position Is										12. Sensitivity										13. Competitive Level Code																													
										<input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)										<input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither										<input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive										14. Agency Use CNIC																													
15. Classified/Graded by										Official Title of Position										Pay Plan										Occupational Code										Grade										Initials										Date									
a. Office of Personnel Management																																																																					
b. Department, Agency or Establishment																																																																					
c. Second Level Review										Waiter/Waitress										NA										7420										02										SW 12-31-01																			
d. First Level Review																																																																					
e. Recommended by Supervisor or Initiating Office																																																																					
16. Organizational Title of Position (if different from official title)																				17. Name of Employee (if vacant, specify)																																																	
18. Department, Agency, or Establishment																				c. Third Subdivision																																																	
a. First Subdivision																				d. Fourth Subdivision																																																	
b. Second Subdivision																				e. Fifth Subdivision																																																	
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																				Signature of Employee (optional)																																																	
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																	
a. Typed Name and Title of Immediate Supervisor																				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																																																	
Signature										Date										Signature										Date																																							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																				22. Position Classification Standards Used in Classifying/Grading Position																																																	
Typed Name and Title of Official Taking Action																				FWS JGS For Waiter 7420, TS-32 Aug 74																																																	
s. J. NEW																				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																	
Principal Classifier																																																																					
Signature										Date																																																											
										12-31-01																																																											
23. Position Review										Initials										Date										Initials										Date										Initials										Date									
a. Employee (optional)																																																																					
b. Supervisor																																																																					
c. Classifier																																																																					
24. Remarks																																																																					

25. Description of Major Duties and Responsibilities (See Attached)

NONAPPROPRIATED FUND POSITION DESCRIPTION

JOB TITLE: Waiter/Waitress **POSITION NUMBER** 01-053A

JOB SERIES: 7420 **PAY LEVEL:** NA-2

Summary of Duties: Performs beverage service functions in a bar or lounge area. Asks patrons what beverages are desired and writes the order on a guest check. Describes or suggests cocktails, highballs, wines, or other beverages upon request. Gives order to bartender. Receives and places beverages on a small tray and serves patrons. Adds fruit or decorations to cocktails, as required. Collects payment from patrons and settles account with bartender or cashier. Observes when patron leaves and cleans tables. Returns used glassware to bar. Maintains clean work area. Performs other related duties as required. Must meet minimum age requirement.

Skills and Knowledge: Skill to serve beverages in the proper manner. Knowledge of composition of popular cocktails and types of beverages served. Availability of wines and their proper serving temperatures. Knowledge of simple math calculations in order to tabulate checks. Ability to recognize intoxicated patrons when serving alcohol.

Responsibility: Assigned to work stations by the supervisor and given special instructions as necessary.

Responsible for complying with standard methods and procedures such as conduct, etiquette, dress code, serving techniques, and complete familiarity with the beverages served.

Physical Effort: Work requires the use of both arms, hands, and legs, and involves prolonged standing, walking, reaching, and light lifting. Objects handled and carried seldom weigh in excess of 20 lbs.

Working Conditions: Work is normally performed inside with adequate lighting and heat. Exposed to the possibility of cuts, bruises, and slippery floors.